



**AMUSEMENT ATTRACTION  
INSPECTION REQUEST  
FORM**

**AMUSEMENT RIDE  
SAFETY INSPECTION  
1100 N EUTAW ST, ROOM 605  
BALTIMORE, MD 21201  
AR.Request@maryland.gov**

*30 DAY NOTICE REQUIRED*

*Does the filing of this inspection request form provide the Commissioner with at least 30 days of advance notice of the need for INSPECTION as required by law? ☐ YES ☐ NO If no, you must provide a written*

**Forward Completed Form and Required Documentation To Below  
Address**

IN ACCORDANCE WITH BUSINESS REGULATION ARTICLE, TITLE 3 AND COMAR 09.12.62, ***EACH INDIVIDUAL OWNER IS RESPONSIBLE*** FOR SUBMITTING THE REQUIRED AMUSEMENT RIDE INSPECTION INFORMATION FOR EACH PLAYING LOCATION.

**Owner Identification**

Name of Amusement Ride Company:			
Owner / Representative Name:			
Street Address:			City:
State:	Zip Code:	Email:	
Phone:	Cell:	Fax:	
Signature of Owner/Authorized Representative:			

In making this request for inspection I affirm that all of the amusement attractions are covered by general liability insurance in accordance with Business Regulation Article Title 3 and that a certificate of insurance detailing the coverage was submitted to the Commissioner as required by COMAR 09.12.62

**Inspection Requested for: Date:**

**Time:**

**Location Information**

Site Name:		Contact Person On Site:	
Site Address:		Contact Phone:	
County:	City:	Zip Code:	# of Rides:
Arrival Date:	Departure Date:		

[AR.Request@maryland.gov](mailto:AR.Request@maryland.gov), or fax to 410-333-7683.

Maryland Registration Number

[illegible]

Department of Labor  
Safety Inspection Unit  
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